

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/719118

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1												
2		1					51						
3		2					52						
4		1					53						
5							54						
6							55						
7		1					56						
8		1					57						
9		1					58						
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44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
51							100						
TOTAL							TOTAL IND.						
TOTAL							TOTAL DEP.						
TOTAL							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631

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